

Work Order ID 106887

September-11-13 11:48:26 AM

106887

Page 1

Item ID: D4034-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rib

Start Date: 10/01/13 Start Qty: 3.00

3
3 10X

Cust Item ID:

Required Date: 10/01/13 Req'd Qty: 3.00

Customer:

Reference:

Approvals:

Process Plan: M15

Date: 13-09-12 Tooling:

Date:

Run Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4034	C
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100 0.00

100

Large Fab

Large Fab

Memo 1- Cut tube as per dwg D4034

10X CC 13-11-12

110

QC6- Inspect dimensions to drawing 0.00

110

QC

Quality Control

10r DAS
43 9-89 13-11-12

120

Identify as per dwg & Stock Location: W1A 0.00

120

Packaging

Packaging

004

Memo 0.00

10X CC 13-11-12

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
				<input type="checkbox"/> Other							

Work Order ID 106887

106887

Page 2

September-11-13 11:48:26 AM

Item ID: D4034-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Rib

Stop

NS2

Start Date: 10/01/13 Start Qty: 3.00

3

Cust Item ID:

Required Date: 10/01/13 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:

Process Plan:

Date: _____

Tooling:

Date: _____

Run

Start

NR1

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

13/11/13

MF

13-11-02

130

QC

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause [#]	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector								
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced												
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure												
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld												
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled												
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>													
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>													
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>													
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>													
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>													
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>													
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>													

Picklist Print

September-11-13 11:48:26 AM

Page 1

Work Order ID: 106887

Parent Item: D4034-1

Start Date: 10/01/13

Required Date: 10/01/13

Parent Item Name: Rib

Start Qty: 3.00

Required Qty: 3.00

Comments: IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA 10.03.15
verified by:EC IPP Rev:C 11.01.18 chg qc5 to 6 DD verf:EC IPP
Rev:D 11.01.19 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.750W.049 304 SQ Tube .75x.75x.049W		Purchased	No			100	f	1,073.8606	0.3333	1.0525263		CC 13-11-12	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				WA006		1073.860633		B126900	→ (4)				
					123484		2.22918950						
					125124		205.405667						
					125575		122.882777						
					M126039		143.343						
					M126364		600						

NCR: Yes / No

DQA: Date:

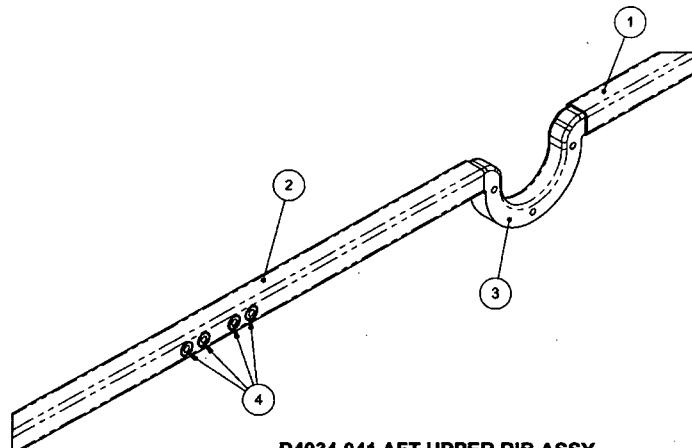
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

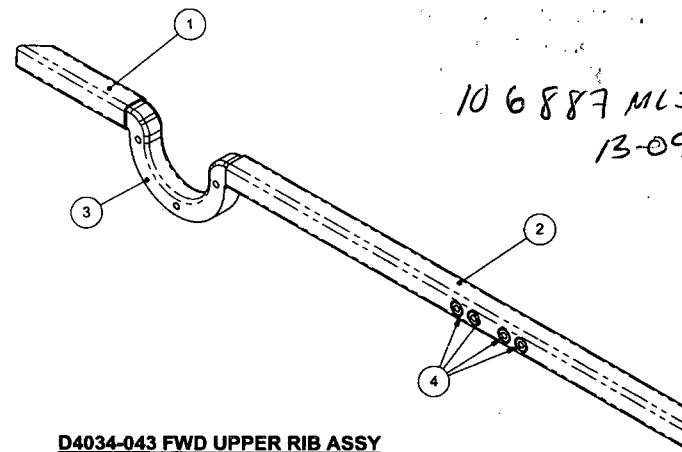
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	General		Bend	Grain		Ovalized	Pressure/Forced				
Centre Not Concentric to O/S			BOM/Route	Hardware		Over/Under tolerance	Temperature/Cure				
Cracks			Broken/Damaged	Inspection Incomplete		Part Incorrect	Weld				
Crushed/Crimped			Burrs	Instructions Incomplete/Unclear		Part Lost/Missing	Wrong Stock Pulled				
Cuffs			Contamination	Maintenance		Part Moved					
Heat Treat			Countersink	Mislabeled		Positioned Wrong					
Inspection Strip in Tube			Cut Too Short	Misread		Power Loss/Surge					
Ripples in Bend			Drill Holes	Offset		Other					
Torque Waves in Extrusion			Drawing	Out of Calibration							
Turning Sequence			Finish	Out of Sequence							
Wave/Twist in Tube			Folio	Outside Dimensions							

ITEM	QTY -041	QTY -043	P/N	DESCRIPTION
	X		D4034-041	AFT UPPER RIB ASSY
		X	D4034-043	FWD UPPER RIB ASSY
1	1	1	D4034-1	RIB
2	1	1	D4034-3	RIB
3	1	1	D4021-7	HOOP
4	4	4	D4021-9	BUSHING

C



D4034-041 AFT UPPER RIB ASSY



D4034-043 FWD UPPER RIB ASSY

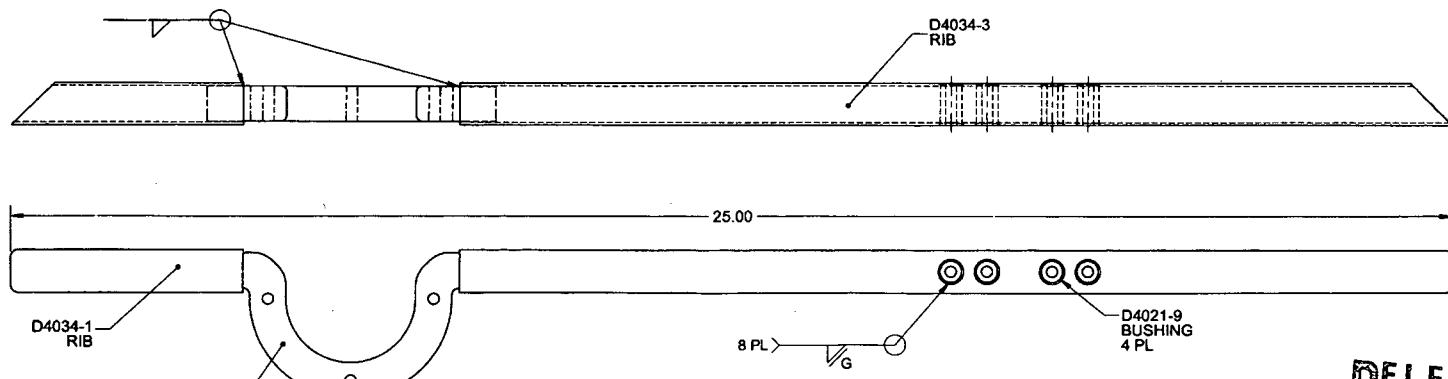
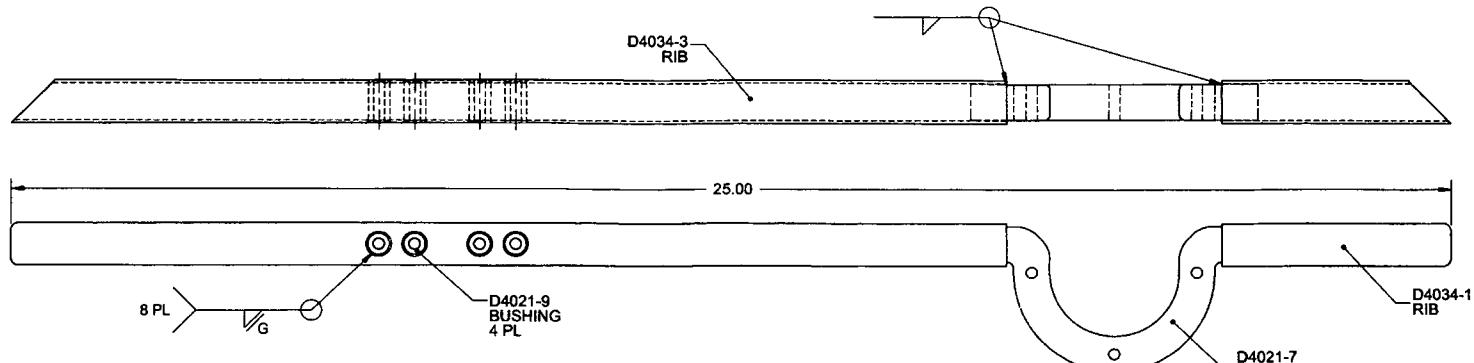
RELEASED
R 2013-06-20
JM

C	-043 REDESIGNED AS MIRROR IMAGE OF -041 -5 DELETED. D2327-3 DELETED. REASON PROP ARM NO LONGER OFFERED.		AJS	13.03.13
B	ADDITIONAL HOLES ADDED ON D4034-3 RIB		SC	10.12.20
A	NEW ISSUE		AJS	10.03.04
REV.	DESCRIPTION			
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
DRAWN	AJS	DRAWING NO.	REV. C	
CHECKED	A.P.	D4034	SHEET 1 OF 3	
MFG. APPR.	AS	TITLE	SCALE	
APPROVED	AS	UPPER RIB ASSY, BASKET BASE	NTS	
DE APPR.	-	DATE	13.03.13	

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106889

8 7 6 5 4 3 2 1

RELEASED
2013-06-20
W

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.61 lbs
- 8) WELD PER DART QSI 004

8 7 6 5 4 3 2 1

DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	AJS	
CHECKED	AJ	DRAWING NO.
MFG. APPR.	DA	REV. C
APPROVED	MM	SHEET 2 OF 3
DE APPR.	MM	TITLE
DATE	13.03.13	SCALE
		UPPER RIB ASSY, BASKET BASE NTS

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8 7 6 5 4 3 2 1

106887

